Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 : (850)521-1000

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REGISTERED AGENT CHANGE HARTFORD NATIONAL TITLE, INC.

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C.COULLIETTE

Electronic Filing Menu

Corporate Filing Menu

JAN 63 12012

EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch		2, 607,1508, or 617,1508, Florida Statutes, this ized under the laws of the State of Connections or both in the State of Florida	
	the corporation: HARTFORD NATIO	•	
	office address: 344 W Main Street, M		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 03/24/2006	Document number: F06000001900	
	nd street address of the current registered agartment of State;	gent and registered office on file with the	
	NRAI Services Inc		
	515 E. Park Avenue		
	Tallahassee FL 32301		
6. The name an (if changed):	d street address of the new registered agen Corporation Service Company	t (if changed) and /or registered office	ALVISION OF C
			30
	1201 Hays Street (P.O. Box NOT acceptable)		A COR
	Tallahassee, FL 32301		
The street addr as changed wil	ess of its registered office and the street a l be identical.	address of the business office of its registere	e Fagent
Such change wauthorized by t	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	•
(Signal	Jauren Cathell	Maureen Cathell, Vice President (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statund I am familiar with and accept the obling filed merely to reflect a change in the sbeen notified in writing of this change.	l agree to act in this capacity. ites relative to the proper and complete per gation of my position as registered agent. (registered office address, I hereby confirm	formance Or, if this that the
Corporati By:	ion Service Company	12/27/2011	
(Si	ignature Megistered Agent)	(Date)	
If signing on be	ehalf of an entity:		
Sylvia Quepp			
	Typed or Printed Name) * * * FILING FE	ፒ∙ ፍ ንደ ሰስ ★ ★ ★	
	PILATOPE	E. QJJ:UV	